

STATE OF CALIFORNIA
Electronic Recording Delivery System (ERDS)
Attachment To ERDS 0003
Vendor Application Form for Reference(s)
ERDS 0009
(orig. 02/07)



**Electronic Recording Delivery System
Attachment To ERDS 0003
Vendor Application Form for Reference(s)**

TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED.

DEPARTMENT OF JUSTICE
California Justice Information Services Division
CJIS Operations Support Bureau
Electronic Recording Delivery System Program
Telephone: (916) 227-8907
FAX: (916) 227-0595
E-mail: erds@doj.ca.gov

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

REFERENCE # 1

VENDOR NAME

REFERENCE COMPANY NAME	CONTACT NAME		TELEPHONE # ()
ADDRESS	CITY	STATE	ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE		# OF YEARS/MONTHS

IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.

(ATTACH ADDITIONAL SHEET AS NEEDED)

REFERENCE # 2

REFERENCE COMPANY NAME	CONTACT NAME		TELEPHONE # ()
ADDRESS	CITY	STATE	ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE		# OF YEARS/MONTHS

IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.

(ATTACH ADDITIONAL SHEET AS NEEDED)

REFERENCE # 3

REFERENCE COMPANY NAME	CONTACT NAME		TELEPHONE # ()
ADDRESS	CITY	STATE	ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE		# OF YEARS/MONTHS

IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.

(ATTACH ADDITIONAL SHEET AS NEEDED)